



Synchrony Chiropractic
Keeping you and your team in sync

Animal Chiropractic Care

Date: _____

Patient's Name: _____

Owner's Name: _____

Description of Patient: _____

I, _____, DVM (referring veterinarian) have performed the following tasks:

- Established a valid veterinarian/client/patient relationship
- Examined the animal(s) to determine that spinal manipulative therapy will likely not harm the patient

Therefore I hereby authorize Angela Boyazis-Rodger DC, certified by the American Veterinary Chiropractic Association, or Dr. Philip Rodger, certified by the International Veterinary Chiropractic Association, and Options For Animals in Animal Chiropractic, to provide animal chiropractic care as needed for the patient mentioned above.

Referring Veterinarian Information:

Practice Name: _____

Address: _____

Telephone: _____

E-mail: _____

Veterinarian Signature: _____

Please return to **Synchrony Chiropractic**

Email: hello@synchronychiro.com

Fax: (904) 821-7100

Phone: (352) 356-8665

We look forward to working with you for full 360 degree care of all furry family members.